

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) _____

RECEIVED

Date Stamp

AUG 08 2002

City Clerk

City of Lodi

CALIFORNIA
FORM

501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Susan Hitchcock

DAYTIME TELEPHONE NUMBER

(209) 334-9362

FAX NUMBER (optional)

()

E-MAIL (optional)

STREET ADDRESS

2443 MacArthur Parkway

CITY

Lodi

STATE

CA

ZIP CODE

95242

OFFICE SOUGHT (POSITION TITLE)

Council member

AGENCY NAME

CITY of Lodi

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

CITY of Lodi

(Name of Jurisdiction)

2002

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(Candidates for statewide office are not required to complete Part 2 until 11/6/02. CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election)

Primary/general election

(Year of Election)

Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

Voluntary Expenditure Ceilings:

(Gov. Code Section 85400)

Office	Primary or Special	General or Special Run-off
(Effective 1/1/01)		
Assembly	\$400,000	\$700,000
Senate	\$600,000	\$900,000
(Effective 11/6/02)		
Board of Equalization	\$1,000,000	\$1,500,000
Governor	\$6,000,000	\$10,000,000
Lieutenant Governor, Attorney General, Insurance Commissioner, Controller, Secretary of State, Supt. of Public Instruction, Treasurer	\$4,000,000	\$6,000,000

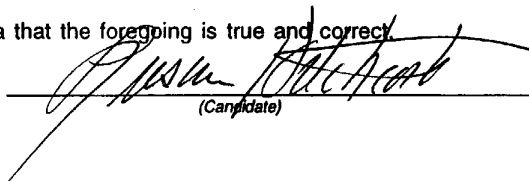
3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

Aug 6, 2002
(month, day, year)

Signature


(Candidate)

FPPC Form 501 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772